

INFORMATION RELEASE PERSON AUTHORIZATION

Account owner: Please use this form to designate one or more individuals to receive verbal information about your account (information release person). We will not share your Login ID or PIN with this individual.

Current Account Information

Account Number _____

Account Owner _____

Name _____

SSN or TIN _____

Student Beneficiary _____

Name _____

SSN or TIN _____

Information Release Person Information

1.

2.

☐ Add

☐ Remove

☐ Add

☐ Remove

Name (First, Middle, Last, Suffix) _____

SSN or TIN _____

Birth Date _____

Street Address/Apartment Number _____

Post Office Box Number _____

City / State / Zip Code _____

Email Address _____

Telephone Number(s) _____

Home

Work

Home

Work

Account Owner's Signature - Required

Only the account owner may authorize changes to this account.

I certify under penalty of perjury that I am the legal account owner and I authorize the information release person(s) designated above to receive verbal information about this Guaranteed Education Tuition Program account.

Account Owner's Signature _____

Date _____

Send to: Guaranteed Education Tuition, P.O. Box 43450, Olympia, WA 98504-3450 or 360-704-6200 (Fax)

Questions: GETInfo@hecb.wa.gov or 1-800-955-2318